

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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209406

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DATE AMENDED

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1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St Louis, Mo.

Length of stay in 1b

2 1/2 hrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Vets Admin Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Francis

c. CITY OR TOWN

Bismarck

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

None

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Francis

Middle

-S-

Last

Robinson

4. DATE OF DEATH

Month

Day

Year

6/7/63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

8. DATE OF BIRTH

1/16/00

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Carpentry

11. BIRTHPLACE (City and state or country)

Iron Mountain, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charlie Robinson

13b. MOTHER'S MAIDEN NAME

Lula Street

14. NAME OF HUSBAND OR WIFE

Lorene Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

Yes WW I

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Lorene Robinson wife (see 2 above)

Address

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cancer of Prostate

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

177x

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

St. Louis

STATE

Missouri

21. I VA attended the deceased from

11/19/62

to

6/7/63

and last saw him alive on

6/7/62

Death occurred at

4:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James M. Robinson MD

22b. ADDRESS

VAH, St Louis, Mo.

22c. DATE SIGNED

6/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/7/1963

23c. NAME OF CEMETERY OR CREMATORY

Local Cemetery

23d. LOCATION (City, town, or county)

Bismarck, Missouri

(State)

Missouri

24. FUNERAL DIRECTOR

Shipman & Sons, Bismarck, Missouri

ADDRESS

Bismarck, Missouri

25. DATE RECD. BY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John N. Shipman
Licensed Embalmer No. 4881

P. O. Address Bismarck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.